

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049215

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

SL-32550

1003

Registrar's No.

12491

STATE FILE NUMBER

FILED DEC 27 1963

|   |  |  |                   |   |  |   |  |  |   |   |  |
|---|--|--|-------------------|---|--|---|--|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN                     |                   | Length of stay in 1b  |  | c. CITY OR TOWN   |  | Inside Limits  |   |   |  |
| St. Louis, Missouri   |  | 10 Days  |                   | St. Louis   |  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |  |   |   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION  |  | Inside Limits  |                   | d. STREET ADDRESS (If outside, give location)   |  | Reside on Farm  |  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |   |   |  |
| Vets Admin Hospital   |  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                      |                   | 5528 Alcott   |  |   |  |  |   |   |  |
| 3. NAME OF DECEASED<br>(Type or print)  |  |  | First Middle Last |   |  | 4. DATE OF DEATH  |  |  | Month Day Year                                |   |  |
| Lloyd Roy Aubrey  |  |  |                   |   |  | 12/15/63  |  |  |   |   |  |
| 5. SEX  |  | 6. COLOR OR RACE   |                   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH  |  | 9. AGE (last birthday)   |   | IF UNDER 1 YEAR<br>Months Days Hours Min.   |  |
| Male  |  | White  |                   |   |  | 9/14/90   |  | 73   |   |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)                                       |  |  |                   | 10b. KIND OF BUSINESS OR INDUSTRY   |  |   |  | 11. BIRTHPLACE (City and state or country)   |   |   |  |
| Pressman  |  |  |                   | World Color Printing  |  |   |  | Hepner, Oregon   |   |   |  |
| 13a. FATHER'S NAME  |  |  |                   | 13b. MOTHER'S MAIDEN NAME   |  |   |  | 14. NAME OF HUSBAND OR WIFE  |   |   |  |
| Thomas C Aubrey   |  |  |                   | Annie Beymer  |  |   |  | Delphine Aubrey  |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give year or dates of service)                      |  |  |                   | 16. SOCIAL SECURITY NO.   |  |   |  | 17. INFORMANT<br>Address   |   |   |  |
| Yes   |  |  |                   |   |  |   |  | Delphine Aubrey, Wife, see 2 above   |   |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:  |  |  |                   |   |  |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH  |  |
| IMMEDIATE CAUSE (a)   |  |  |                   |   |  |   |  |  |   | 1 WEEK  |  |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.  |  |  |                   |   |  |   |  |  |   | 3 YEARS   |  |
| DUE TO (b)  |  |  |                   |   |  |   |  |  |   |   |  |
| DUE TO (c)  |  |  |                   |   |  |   |  |  |   | 177x  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  |  |                   |   |  |   |  |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.                   |  |
| Uremia  |  |  |                   |   |  |   |  |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                 |  | 20a. ACCIDENT  |                   | SUICIDE   |  | HOMICIDE  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |   |   |  |
|   |  |  |                   |   |  |   |  |  |   |   |  |
| 20c. TIME OF INJURY   |  | Hour a.m. p.m.   |                   | Month, Day, Year  |  |   |  |  |   |   |  |
|   |  |  |                   |   |  |   |  |  |   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                            |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) |                   | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY  |  | STATE  |   |   |  |
|   |  |  |                   |   |  |   |  |  |   |   |  |
| 21. <input checked="" type="checkbox"/> attended the deceased from 12/6/63 to 12/15/63 and last saw him alive on 12/15/63         |  |  |                   |   |  |   |  |  |   |   |  |
| Death occurred at 8:20 AM on the date stated above, and to the best of my knowledge, from the causes stated.                      |  |  |                   |   |  |   |  |  |   |   |  |
| 22a. SIGNATURE (Degree or title)  |  |  |                   |   |  | 22b. ADDRESS  |  |  | 22c. DATE SIGNED                              |   |  |
| [Signature] MD  |  |  |                   |   |  | VAH, St Louis, Mo.  |  |  | 12/15/63                                      |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   |  |  |                   | 23b. DATE   |  | 23c. NAME OF CEMETERY OR CREMATORY                                  |  |  | 23d. LOCATION (City, town, or county) (State) |   |  |
| Burial  |  |  |                   | 12-18-1963  |  | Calvary Cemetery  |  |  | St. Louis, Missouri                           |   |  |
| 24. FUNERAL DIRECTOR ADDRESS  |  |  |                   |   |  | 25. DATE RECD. BY LOCAL REG.  |  |  | 26. REGISTRAR'S SIGNATURE                     |   |  |
| Math Hermann & Son, Inc. 2161 E. Fair   |  |  |                   |   |  | DEC 17 1963   |  |  | [Signature] M.D.                              |   |  |
| St. Louis, Missouri 63107   |  |  |                   |   |  |   |  |  |   |   |  |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
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83

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Welford G Brumby*

Licensed Embalmer No. 4202

S:

P. O. Address

*St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.